KANSAS REPORTABLE DISEASE FORM Today's Date: ____/___/___

Patient's Name:	Tr. (M. III
Last	First Middle
Home/Cell Phone:	Work Phone:
Residential Address:	
City: Zip:	County:
Ethnicity: Hispanic or Latino	Not Hispanic or Latino Unknown
Race: (Check all that apply)	
American Indian/Alaska Native	Asian Black or African American
Native Hawaiian or Other Pacific Islander	White Unknown
Sex: M F Date of Birth:/_	/ Age if DOB unknown:
Disease Name:	
Has the patient/guardian been notified of the dise	ase? Yes No
Symptoms: Onset: / / List the 3 most prominent symptoms:	
Symptom 1: Symptom 2:	Symptom 3:
Outbreak associated? Yes No Died	? Yes No Hospitalized? Yes No
Institutional Residence? None Nursing H	ome Correctional Residential Hospital Psych
Physician Name:	Physician Phone:
Laboratory Information:	
Specimen Collection Date:///	Date Reported To You: / /
Name of Test Performed:	_
Name of Laboratory:	Laboratory Results Attached? Yes No
Treatment Information:	
Date of Treatment:/ Treatment Type and Dosage:	
Treatment Status: Complete O	-going Discontinued
Name of person reporting:	Phone:
Comments:	

KDHE Bureau of Epidemiology and Public Health Informatics, 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274

Fax: 877-427-7318 (toll-free)

Epidemiology Hotline: 877-427-7317

(Revised 09/2014)

REPORTABLE DISEASES IN KANSAS for health care providers, hospitals, and laboratories (K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 9/29/2014)

☎ - Indicates that a telephone report is required by law within four hours of <u>suspect</u> or <u>confirmed</u> cases to KDHE toll-free at 877-427-7317

1 - Indicates that an isolates must be sent to: Division

Division of Health and Environmental Laboratories 6810 SE Dwight Street, Topeka, KS 66620 For Isolate Questions call: (785) 296-1633

Acquired Immune Deficiency Syndrome (AIDS)

Amebiasis

Anthrax 🕾

Arboviral disease (including West Nile virus, Western Equine encephalitis (WEE) and St. Louis encephalitis (SLE)) - indicate virus whenever possible

Botulism 🕾

Brucellosis

Campylobacter infections

Chancroid

Chlamydia trachomatis genital infection

Cholera 🕾

Cryptosporidiosis

Cyclospora infection

Diphtheria

Ehrlichiosis

Escherichia coli O157:H7 (and other shiga-toxin

producing E. coli, also known as STEC) ①

Giardiasis Gonorrhea

Haemophilus influenza, invasive disease

Hantavirus Pulmonary Syndrome

Hemolytic uremic syndrome, postdiarrheal

Hepatitis, viral (acute and chronic)

Hepatitis B during pregnancy

Human Immunodeficiency Virus (HIV) (includes Viral

Load Tests)

Influenza deaths in children <18 years of age

Legionellosis

Leprosy (Hansen disease)

Listeriosis Lyme disease

Malaria

Measles (rubeola) 🕾

Meningitis, bacterial 🕾

Meningococcemia (1) 🕾

Mumps 🕾

Pertussis (whooping cough)

Plague (Yersinia pestis) 🕾

Poliomyelitis 🕾

Psittacosis

Q Fever (Coxiella burnetii) 🕾

Rabies, human and animal 🕾

Rocky Mountain Spotted Fever

Rubella, including congenital rubella syndrome 🕾

Salmonellosis, including typhoid fever (1)

Severe Acute Respiratory Syndrome (SARS) (1) 222

Shigellosis ①

Smallpox 🕾

Streptococcal invasive, <u>drug-resistant</u> disease from Group A *Streptococcus* or *Streptococcus pneumoniae*

①

Syphilis, including congenital syphilis

Tetanus

Toxic shock syndrome, streptococcal and

staphylococcal

Transmissible Spongioform Encephalopathy (TSE) or

prion disease (includes CJD)

Trichinosis

Tuberculosis, active disease 🛈 🕾

Tuberculosis, latent infection

Tularemia

Varicella (chickenpox)

Viral hemorrhagic fever 🕾

Yellow fever

In addition, laboratories <u>must</u> report:

- Viral load results of reportable diseases
- ALL blood lead levels, as of 12/2002 (KCLPPP/ABLES)
- CD4+ T-lymphocyte count < 500/ µl or CD4+ T-lymphocytes <29% of total lymphocytes

Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, and suspect acts of terrorism should be <u>reported within 4 hours</u> by telephone to the Epidemiology Hotline: <u>877-427-7317</u>

KDHE Bureau of Epidemiology and Public Health Informatics , 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274 Fax: 877-427-7318 (toll-free)